

AUGUST 2006 MONTHLY REPORT

WISCONSIN HEALTH INSURANCE RISK SHARING PLAN MONTHLY STATISTICS FOR MONTH END EXECUTIVE SUMMARY

	1	
	August 2006	February 2006
Bank Summary		
Checkwrite	\$10,345,525.86	\$6,238,718.62
Book Balance (US Bank & State General Account)	\$52,187,787	\$48,241,962
Enrollment		
Plan 1A	6,991	7,191
Plan 1B	10,293	10,196
Plan 2	1,005	1,401
Total	18,289	18,788
New Applications Received	394	416
Claims		
Claims Processed	110,749	93,302
Average Processing Days	4.10	4.71
Claim Inventory - Over 30 Days Old	156	314
Claim Inventory - Total	2,606	5,038
Claims Denied (NonPBM)	7,938	6,679
Claims Denied (PBM)	18,738	14,413
Claim Accuracy Performance	98.46%	99.85%
Customer Service - HIRSP		
Number of Calls Received	10,067	10,166
Percentage of Calls Answered	99.10%	99.00%
Written Correspondence - Received	167	152
Written Correspondence - Completed	166	172
Written Correspondence - Completed Written Correspondence - Inventory	22	9
	==	
Average Hold Time for Telephone Calls	18 seconds	22 seconds

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Wisconsin Health Insurance Risk-Sharing Plan Breakdown of Incurred Claims and Earned Premium by Quarter and Plan

		4	Q04			
_	Total D	ollars		_	Per Member	Per Month
	Incurred	Earned	Loss		Incurred	Earned
Plan	Claims	Premium	Ratio	_	Claims	Premium
Plan 1A	\$25,304,160	\$11,459,604	220.8%	•	\$1,036.84	\$469.56
Plan 1B	14,263,916	10,461,572	136.3%		557.88	409.17
Plan 2	5,163,730	2,436,761	211.9%	_	998.59	471.24
Total	\$44,731,805	\$24,357,937	183.6%	•	\$811.18	\$441.72
		J	Q05			
_	Total D	ollars		-	Per Member	Per Month
	Incurred	Earned	Loss		Incurred	Earned
Plan	Claims	Premium	Ratio		Claims	Premium
Plan 1A	\$21,419,294	\$10,781,000	198.7%		\$924.20	\$465.18
Plan 1B	12,211,762	11,235,000	108.7%		440.62	405.38
Plan 2	4,561,835	2,380,000	191.7%		894.65	466.76
Total	\$38,192,890	\$24,396,000	156.6%		\$682.14	\$435.72
		2	2Q05			
_	Total D	ollars			Per Member	
	Incurred	Earned	Loss		Incurred	Earned
Plan	Claims	Premium	Ratio		Claims	Premium
Plan 1A	\$21,452,758	\$10,918,770	196.5%		\$912.34	\$464.35
Plan 1B	13,093,099	10,810,698	121.1%		460.02	379.83
Plan 2	5,083,882	2,144,285	237.1%		993.33	418.97
Total	\$39,629,738	\$23,873,753	166.0%		\$694.11	\$418.15
		3	3Q05			
_	Total D	ollars		-	Per Member	Per Month
	Incurred	Earned	Loss		Incurred	Earned
Plan	Claims	Premium	Ratio		Claims	Premium
Plan 1A	\$22,039,805	\$12,087,026	182.3%		\$950.48	\$521.26
Plan 1B	15,196,082	13,392,242	113.5%		528.82	466.04
Plan 2	5,081,537	2,760,043	184.1%		1,005.85	546.33
Total	\$42,317,423	\$28,239,310	149.9%		\$742.72	\$495.64
		4	IQ05			
_	Total D	ollars		-	Per Member	Per Month
	Incurred	Earned	Loss		Incurred	Earned
Plan	Claims	Premium	Ratio		Claims	Premium
Plan 1A	\$25,552,354	\$12,075,692	211.6%		\$1,114.90	\$526.89
Plan 1B	17,591,571	13,565,749	129.7%		607.42	468.41
Plan 2	4,986,389	2,698,872	184.8%	_	1,047.12	566.75
Total	\$48,130,314	\$28,340,313	169.8%		\$849.73	\$500.34
		J	Q06			
	Total D	ollars		_	Per Member	Per Month
	Incurred	Earned	Loss		Incurred	Earned
Plan	Claims	Premium	Ratio	_	Claims	Premium
Plan 1A	\$23,627,253	\$11,152,584	211.9%	•	\$1,094.06	\$516.42
Plan 1B	15,373,294	14,260,163	107.8%		501.82	465.49
Plan 2	4,084,904	2,324,418	175.7%		971.21	552.64
Total	\$43,085,451	\$27,737,165	155.3%	•	\$763.43	\$491.47

NOTES: Loss Ratio = Incurred Claims / Earned Premiums

Earned Premium includes Premium Subsidies

Incurred Claims include Provider Contributions

Administrative Expenses are not included in this exhibit

Incurred Claims and Earned Premiums are updated quarterly and restated to reflect

the most current information available as of June 30, 2006

Health Insurance Risk Sharing Plan Authority August 31, 2006 Fiscal Year 2007

Unaudited Balance Sheet

Assets	July	August	September	October	November	December	January	February	March	April	May	June
Cash and Cash Equivalents	52,535,676	52,187,787	-	-	-	-	-	-	-	-	-	
Other Receivables (2)	1,003,739	886,944							-	-		-
Drug Rebates Receivable	1,797,384	1,680,782	-	-	-	-	-	-	-	-	-	-
Assessments Receivable	39,566,370	29,739,007	-	-	-	-	-	-	-	-	-	-
Prepaid Items	303	1,817	-	-	-	-	-	-	-	-	-	-
Net Fixed Assets	2,202	4,208	-	-	-	-	-	-	-	-	-	-
Total Assets	94,905,674	84,500,545	•	•	•	•	•	•	•	•	•	•
Liabilities and Fund Equity												
Liabilities:												
Unpaid Medical Loss Liabilities	15,271,032	12,302,689	-	-				-		-		-
Unpaid Prescription Drug Loss Liabilities	658,948	530,839	-	-	-	-	-	-	-	-	-	-
Unpaid Loss Adjustment Expense	770,000	770,000	-	-	-	-	-	-	-	-	-	-
Unearned Premiums	14,283,275	8,605,614	-	-	-	-	-	-	-	-		-
Unearned Assessments	36,272,126	32,974,660	-	-	-	-	•	-	-	-	-	-
Accounts Payable and Other Accrued Liabilities	2,264,099	2,318,386	-	-	-	-	-	-	-	-	-	-
Total Liabilities	69,519,480	57,502,188	•	•	-	•	-	•	-	•	•	-
Evile 1												
Fund Equity:	00 000 050	00 700 000										
Policyholder Providers	20,926,858	22,739,986	-	-	-	-	-	-	-	-	-	-
	(1,914,253)	(2,496,539) 6,947,199	•	•	•	•	•	•	•	-	•	-
Insurers Unfunded Deductible and Coinsurance Subsidy	6,457,811 (84,222)	(192,289)				-		-			-	
Total Retained Earnings	25,386,194	26,998,357	•	•	-	•	•	•	•	-	-	•
Total Liabilities and Fund Equity	94,905,674	84,500,545	-	-	-	-	-	-	-	-	-	-

Health Insurance Risk Sharing Plan Authority for the Period Ended August 31, 2006 Fiscal Year 2007

			Unauc	lited Statement of	f Revenues, Expe	nses, and Changes	s in Retained Earr	nings					
Operating Revenues	Jul	Aug	Sep	Oct	Nov	Dec	Jan	Feb	Mar	Apr	May	Jun	Year to Date
Gross Premiums	9,085,833	9,328,105	-	-	-	-	-	-	-	-	-	-	18,413,938
Premium Subsidized Net Premium Revenues	(426,469) 8,659,364	(426,061) 8,902,044		-	-	-			-		-	-	(852,530) 17,561,408
Provider Contribution	2,839,150	2,225,792			_		_	_	_		_	_	5,064,942
Insurer Assessments	3,297,466	3,297,466	-	-	-	-	-	-	-	-	-	-	6,594,932
Total Operating Revenues	14,795,980	14,425,302	-	-	-	-	-	-	-	-	-	-	29,221,282
Operating Expenses Medical Losses:													
Losses Paid or Approved for Payment (3)	7,859,468	13,117,708	-	-	-	-	-	-	-	-	-	-	20,977,176
Increase (Decrease) in Unpaid Losses	1,601,955	(4,033,978)	-	-	-	-	-	-	-	-	-	-	(2,432,023)
Deductible Subsidy Paid	48,747	65,582	-	-	-	-	-	-	-		-	-	114,329
Total Medical Losses	9,510,170	9,149,312	-	-	-	-	-	-	-	-	-	-	18,659,482
Pharmacy Losses:	0.000.400	0.740.407											0.050.000
Losses Paid or Approved for Payment (4) Increase (Decrease) in Unpaid Losses	3,239,102 101,525	3,713,167 (128,109)	-	-	-	-	-	-	-	-	-	-	6,952,269 (26,584)
Drug Rebates	(205,575)	(218,012)											(423,587)
Subsidy - Coinsurance Out-of-Pocket Max	35,475	42,485	-	-	-	-	-	-	-	-	-	-	77,960
Total Pharmacy Losses	3,170,527	3,409,531	-	-	-	-	-	-	-	-	-	-	6,580,058
Total Losses	12,680,697	12,558,843	-	-	-	-	-	-	-	-	-	-	25,239,540
Loss adjustment expenses	-	-	-	-	-	-	-	-	-	-	-	-	-
Administrative expenses													
Authority Admin Fees	22,425	45,025	-	-	-	-	-	-	-	-	-	-	67,450
WPS Admin Fees	378,515	315,560	-	-	-	-	-	-	-	-	-	-	694,075
Navitus Admin Fees	102,405	100,590	-	-	-	-	-	-	-	-	-	-	202,995
Milliman USA Actuarial Services	5,000	10,550	-	-	-	-	-	-	-	-	-	-	15,550
Other Admin Fees DHFS Admin Fees	3,061 1,116	(1,807)	-	-	-	-	-	-	-	-	-	-	1,254 1,116
Total Administrative Expenses	512,522	469,918											982,440
Referral fees	5,570	3,810	_	-	-	-	-	_	-	-			9,380
Total Operating Expenses	13,198,789	13,032,571	-	-	-	-	-	-	-	-	-	-	26,231,360
Net Operating Income (Loss)	1,597,191	1,392,731	_	-	-	_	-	_	_	_	-	_	2,989,922
Non-Operating Revenues (Expenses)													
Federal Grant	-	-	-	-	-	-	-	-	-	-	-	-	-
Investment Income Miscellaneous Income	231,598	219,432	-	-	-	-	-	-	-	-	-	-	451,030
Total Non-operating Revenues (Expenses)	231,598	219,432	-	-	-	-	-	-	-	-	-	-	451,030
Net Income (Loss)	1,828,789	1,612,163	-	-	-	-	-	-	-	_	-	-	3,440,952
<u>-</u>													
Additions to Retained Earnings Policyholder													
Retained Earnings, Beginning of Period	19,486,584	20,926,858	-	_	_	-	-	_	-	-	-	-	19,486,584
Unfunded Policyholder Subsidies	-	-	-	-	-	-	-	-	-	-	-	-	-
Current Earnings Retained Earnings, End of Period ⁽¹⁾	1,440,274 20,926,858	1,813,128 22,739,986	-	-	-	-	-	-	-	-	-	-	3,253,402 22,739,986
	20,926,858	22,739,966	-	-	-	-	-	-	-	-	-	-	22,739,966
Providers Retained Earnings, Beginning of Period	(1,921,463)	(1,914,253)	_	_	_	_	_	_	_	_	_	_	(1,921,463)
Premium Subsidy Underpayment Adj.	(1,321,403)	(1,314,233)	_	-	-	_	-	-	_	-	-	-	(1,321,403)
Current Earnings	7,210	(582,286)	-	-	-	-	-	-	-	-	-	-	(575,076)
Retained Earnings, End of Period	(1,914,253)	(2,496,539)	-	-	-	-	-	-	-	-	-	-	(2,496,539)
Insurers													
Retained Earnings, Beginning of Period	5,992,284	6,457,811	-	-	-	-	-	-	-	-	-	-	5,992,284
Premium Subsidy Underpayment Adj.	-	-	-	-	-	-	-	-	-	-	-	-	
Current Earnings	465,527	489,388	-	-	-	-	-	-	-	-	-	-	954,915
Retained Earnings, End of Period	6,457,811	6,947,199	-	-	-	-	-	-	-	-	-	-	6,947,199
Unfunded Deductible and Coinsurance Subsidy	у	(0.1.000)											
Retained Earnings, Beginning of Period Current Earnings	(84,222)	(84,222) (108,067)	-	-	-	-	-	-	-	-	-	-	(192,289)
Retained Earnings, End of Period	(84,222)	(192,289)	-	-	-	-	-	-		-	-	-	(192,289)
-													
Total Retained Earnings	25,386,194	26,998,357	-	-	-	-	-	-	-	-	-	-	26,998,357

Health Insurance Risk Sharing Plan Authority Comparison of Current vs. Prior Month and Current Fiscal Year-to-Date Vs. Prior Fiscal Year-to-Date Unaudited Statement of Revenues, Expenses, and Changes in Retained Earnings Fiscal Year 2007

	Operating Revenues	Aug 2006	Jul 2006	Variance	Fiscal Year-to-Date Through Aug 2006	Fiscal Year-to-Date Through Aug 2005	Variance
1004				0.40.070	40.440.000	40.000.450	
	Gross Premiums	9,328,105	9,085,833	242,272	18,413,938	18,320,156	93,782
15016	Premium Subsidized	(426,061)	(426,469)	408	(852,530)	(832,810)	(19,720)
	Net Premium Revenues	8,902,044	8,659,364	242,680	17,561,408	17,487,346	74,062
IS05b	Provider Contribution	2,225,792	2,839,150	(613,358)	5,064,942	5,915,282	(850,340)
IS04	Insurer Assessments	3,297,466	3,297,466	<u>-</u>	6,594,932	6,479,848	115,084
	Total Operating Revenues	14,425,302	14,795,980	(370,678)	29,221,282	29,882,476	(661,194)
	Operating Expenses						
	Medical Losses:						
IS05a	(0)	13,117,708	7,859,468	(5,258,240)	20,977,176	22,629,927	1,652,751
IS07a		(4,033,978)	1,601,955	5,635,933	(2,432,023)	(1,199,899)	1,232,124
IS05c	, ,	65,582	48,747	(16,835)	114,329	104,619	(9,710)
	Total Medical Losses	9,149,312	9,510,170	360,858	18,659,482	21,534,647	2,875,165
	Pharmacy Losses:						
IS15	Losses Paid or Approved for Payment (4)	3,713,167	3,239,102	(474,065)	6,952,269	7,884,246	931.977
IS07b		(128,109)	101,525	229,634	(26,584)	(719,287)	(692,703)
IS14	Drug Rebates	(218,012)	(205,575)	12,437	(423,587)	(482,057)	(58,470)
IS05d	Subsidy - Coinsurance Out-of-Pocket Max	42,485	35,475	(7,010)	77,960	76,472	(1,488)
	Total Pharmacy Losses	3,409,531	3,170,527	(239,004)	6,580,058	6,759,374	179,316
	Total Losses	12,558,843	12,680,697	121,854	25,239,540	28,294,021	3,054,481
IS08	Loss adjustment expenses	-	-	-	-	-	-
	Administrative expenses						
IS09b		45,025	22,425	(22,600)	67,455	-	(67,455)
IS09f	WPS Admin Fees	315,560	378,515	62,955	694,075	805,995	111,920
IS09g		100,590	102,405	1,815	202,995	214,451	11,456
IS09e		10,550	5,000	(5,550)	15,550	32,417	16,867
IS09d		(1,807)	3,061	4,868	1,254		(1,254)
IS09a		-	1,116	1,116	1,116	61,197	60,081
IS09b				-			
	Total Administrative Expenses	469,918	512,522	42,604	982,445	1,114,060	131,615
IS10	Referral fees	3,810	5,570	1,760	9,375	14,000	4,625
	Total Operating Expenses	13,032,571	13,198,789	166,218	26,231,360	29,422,081	3,190,721
	Net Operating Income (Loss)	1,392,731	1,597,191	(204,460)	2,989,922	460,395	2,529,527
IS03	Non-Operating Revenues (Expenses)						
	Federal Grant Investment Income	240.422	224 500	(12.166)	454.000	-	215 050
IS11 IS16	Miscellaneous Income	219,432	231,598	(12,166)	451,030	235,074	215,956
10 10	Total Non-operating Revenues (Expenses)	219,432	231,598	(12,166)	451,030	235,074	215,956
	Net Income (Loss)	1,612,163	1,828,789	(216,626)	3,440,952	695,469	2,745,483

Health Insurance Risk Sharing Plan Authority Fiscal Year 2007 Interim Reconciliation As of August 31, 2006

Decidal pass Administrative Costs under 149142(1) Pass Agent Paps agent P		Jul	Aug	Sep	Oct	Nov	Dec	Jan	Feb	Mar	Apr	May	Jun	Year to Date
Paramasy Incident Medical Loses 1,615,55 (4,503,378) (4,503,578) (5,852,269 1,500,500	1. Operating and Administrative Costs under s.149.143(1)			'							•	•		
Pramma Casse Paid or Approach for Payment 3,239, 022 3,713,187 6,562,229 Pramma Casse Paid or Approach for Payment 3,239, 022 3,713,187 (2,65,149) Day Retailes (205,575) (218,012) (218,012) (218,012) Day Retailes (205,575) (218,012) (218,029) Day Retailes (205,629) (2,629,074) (2,629,074) 2. Adjustments to Operating Express 31,14,587 12,244,504 (2,629,074) 2. Adjustments to Operating and Administrative Costs Data Non-popularing Reviews (Express) 231,588 219,432 (2,629,074) (2,629,074) (2,620,074)	Medical Losses Paid or Approved for Payment	7,859,468	13,117,708	-	-	-	-	-	-	-	-	-	-	20,977,176
Consess Discress In Urgan of Pharmacy Losses 101,525 1023-109		1,601,955		-	-	-	-	-	-	-	-	-	-	
Dug Recision Control		3,239,102		-	-	-	-	-	-	-	-	-	-	6,952,269
	Increase (Decrease) in Unpaid Pharmacy Losses		(128,109)	-	-	-	-	-	-	-	-	-	-	(26,584)
Constraint Expense 13,114,567 12,04,504 20,039,071 20,039,				-	-	-	-	-	-	-	-	-	-	
Total Cheming Expense 13,114,567 12,924,504 26,009,077		518,092	,	-	-	-	-	-	-	-	-	-	-	
2. Adjustments to Operating and Administrative Costs Torul Nanoperating Revenue (Experies) 23 1,598 219,432 3. Total Fiscal Year Program Costs to be Split 69% 29% 29% 12,705,072 4. Year-to-Date Adjusted Program Costs Under s.149,143(1)(Exclusting Subsely Costs) Furning Sibres 90% Poly-Incidens 2,767,639 1,762,3044 2,541,014 3,511,608 5. Subskiy Furning Shapes Perminan subsidiens 4 47,47 165,592 90% Facures 90% Subskiy Furning Shapes 90% Facures 90% Facure		-			-	-	-	-	-	-	-	-	-	
Total Non-operating Revenue (Experse) 231.588 219.422	Total Operating Expense	13,114,567	12,924,504	-	-	-	-	-	-	-	-	-	-	26,039,071
3. Total Fiscal Year Program Costs to be Split 60% 20% 20% 12.882.969 12.705.072 25.588.041 4. Year-to-Date Adjusted Program Costs Under s.149.143(1) (Excluding Subsidy Costs) Funding Shares 6.059. Poloylodins 7.729.781 7.623.044 5.517.668 2.079. Frouders 2.576.5694 2.541.074 5.572.825 2.576.5694 2.541.074 5.577.6698 5. Subsidy Funding Shares Primary Subsidies 4.26.469 426.061 Policythic Subsidies 4.26.469 426.061 Doduzible Subsidies 4.26.475 65.582 5.582 Subsidy Funding Shares Primary Subsidies 5. Subsidy Funding Shares Primary Subsidies 5. Subsidy Funding Shares Primary Subsidies 6. 426.475 65.582 5.582 Subsidy Funding Needed by Source in addition to Section 3 Funding Shares Primary Subsidies 6. Year-to-Date Adjusted Program Costs Under s.149.143(1) (Including Subsidy Costs) 6. Year-to-Date Adjusted Program Costs Under s.149.143(1) (Including Subsidy Costs) 7. Non-OPR Revenues by Source Including GPR Subsidies Under s.26.435(Vght) Policytolies Primium and Deducible Subsidies Credited to Policytoldes 5. 869.932 8.932.94 8.932.94 Primium and Deducible Subsidies Credited to Policytoldes 5. 28.99 169 5.943.172 Primium and Deducible Subsidies Credited to Policytoldes 5. 17.694.85 5. 18.694.932 5. 18.694.932 Prividers 2. 28.99 149 2. 28.98 150 2. 28.99 149 2. 28.99														
4. Year-to-Date Adjusted Program Costs Under s.149.143(1) (Excluding Subsidy Costs) Funding Shares 60% Policyholdens 2,576,594 2,541,014 15,332,285 20% Proudiers 2,576,594 2,541,014 5,117,808 5. Subsidy Funding Shares Premium subsidies 426,469 426,061 852,530 Polecularible Subsidies 48,777 65,582 5,117,808 5. Subsidy Funding Shares Premium subsidies 48,777 65,582 5,117,808 5. Subsidy Funding Needed by Source in addition to Section 3 Funding Shares Subsidy Funding Needed by Source in addition to Section 3 Funding Shares Providers 255,346 287,084 5,2410 Thouse Subsidies 40,777,789,000 Total Subsidies S	Total Non-operating Revenue (Expense)	231,598	219,432	-	-	-	-	-	-	-	-	-	-	451,030
Funding Shares	3. Total Fiscal Year Program Costs to be Split 60% 20% 20%	12,882,969	12,705,072	-	-	-	-	-	-	-	-	-	-	25,588,041
60% Foliopholders		ıding Subsidy C	Costs)											
20% Providers 2.576.594 2.541.014		7 729 781	7 623 044	-	-	-	_	_	-	-	_	_	_	15 352 825
Subsidy Funding Shares				-	-	-	-	-	-	-	_	_	-	
Permium subsidies	20% Insurers	2,576,594	2,541,014	-	-	-	-	-	-	-	-	-	-	5,117,608
Permium subsidies	5. Subsidy Funding Shares													
Subsidy - coinsurance out-of-pocket Max 35,475 42,485 77,960 Total Subsidies		426,469	426,061	-	-	-	-	-	-	-	-	-	-	852,530
Total Subsidies	Deductible Subsidies	48,747	65,582	-	-	-	-	-	-	-	-	-	-	114,329
Subsidy Funding Needed by Source in addition to Section 3 Funding Shares	Subsidy - coinsurance out-of-pocket Max	35,475		-	-	-	-	-	-	-	-	-	-	77,960
Providers 255,346 267,064 522,410 Insurers 255,345 267,064	Total Subsidies	510,691	534,128	-	-	-	-	-	-	-	-	-	-	1,044,819
6. Year-to-Date Adjusted Program Costs Under s.149.143(1) (Including Subsidy Costs) Policyholders 7,729,781 7,623,044 9 9 15,352,825 Providers 2,831,940 2,808,078 9 15,362,018 Insurers 2,831,930 2,808,078 9 1,	Subsidy Funding Needed by Source in addition to Section 3 Funding	g Shares												
6. Year-to-Date Adjusted Program Costs Under s.149.143(1) (Including Subsidy Costs) Policyholders 7,729,781 7,623,044	Providers		- ,	-	-	-	-	-	-	-	-	-	-	
Policyholders 7,729,781 7,623,044 15,352,825 Providers 2,831,940 2,808,078 5,640,018 Insurers 2,831,939 2,808,078 5,640,018 7. Non-GPR Revenues by Source Including GPR Subsidies Under s.20.435(4)(ah) Policyholders Premium Premium and Deductible Subsidies Credited to Policyholders Subtotal 9,170,055 9,436,172 17,561,408 Providers 2,839,150 2,225,792	Insurers	255,345	267,064	-	-	-	-	-	-	-	-	-	-	522,409
Policyholders 7,729,781 7,623,044 15,352,825 Providers 2,831,940 2,808,078 5,640,018 Insurers 2,831,939 2,808,078 5,640,018 7. Non-GPR Revenues by Source Including GPR Subsidies Under s.20.435(4)(ah) Policyholders Premium Premium and Deductible Subsidies Credited to Policyholders Subtotal 9,170,055 9,436,172 17,561,408 Providers 2,839,150 2,225,792	6. Year-to-Date Adjusted Program Costs Under s.149.143(1) (Include	ding Subsidy C	osts)											
Non-GPR Revenues by Source Including GPR Subsidies Under s.20.435(4)(ah) Policyholders Premium and Deductible Subsidies Credited to Policyholders Subtotal Subtotal Substance	Policyholders	7,729,781	7,623,044	-	-	-	-	-	-	-	-	-	-	
7. Non-GPR Revenues by Source Including GPR Subsidies Under s.20.435(4)(ah) Policyholders Premium Premium and Deductible Subsidies Credited to Policyholders Subtotal Providers 2,839,150 2,225,792 5,064,942 Insurers 3,297,466 3,297,466	Providers	2,831,940		-	-	-	-	-	-	-	-	-	-	, ,
Policyholders	Insurers	2,831,939	2,808,078	-	-	-	-	-	-	-	-	-	-	5,640,017
Premium and Deductible Subsidies Credited to Policyholders Substal 510,691 534,128 -		s.20.435(4)(ah)												
Subtotal 9,170,055 9,436,172 - - - - - - - - - 18,606,227 Providers 2,839,150 2,225,792 - - - - - - - - - - - - 5,064,942 Insurers 3,297,466 3,297,466 - </td <td>·</td> <td>8,659,364</td> <td>8,902,044</td> <td>-</td> <td>17,561,408</td>	·	8,659,364	8,902,044	-	-	-	-	-	-	-	-	-	-	17,561,408
Providers 2,839,150 2,225,792 -<				-	-	-	-	-	-	-	-	-	-	
Insurers 3,297,466 3,297,466 6,594,932	Subtotal	9,170,055	9,436,172	-	-	-	-	-	-	-	-	-	-	18,606,227
Insurers 3,297,466 3,297,466 6,594,932	Providers	2.839.150	2.225.792	_	-	-	-	-	_	_	_	-	_	5.064.942
				-	-	-	-	-	-	-	-	-	-	
	•			-	-	-	-	-	-	-	-	-	-	

8. Interim Estimate of Surplus/(Deficit) Account Balance for FY 2006 Policyholders Prior Period Surplus / (Deficit) 19.486.584 20.926.858 19.486.584 Premium (Including Premium and Deductible Subsidies) 9,170,055 9.436.172 18.606.227 Less Cost 7,729,781 7.623.044 15,352,825 Less Unfunded Policyholder Subsidies 1,813,128 3,253,402 1,440,274 Monthly Change Ending Surplus / (Deficit) 20,926,858 22,739,986 22,739,986 Assigned Surplus to SFY 2006 **Unassigned Surplus** 20.926.858 22.739.986 22,739,986 Providers Prior Period Surplus / (Deficit) (1,921,463) (1,914,253)(1,921,463) Contribution 2.839.150 2.225.792 5.064.942 Less Cost 2,831,940 2,808,078 5,640,018 Premium Subsidy Underpayment Adj. (582,286) (575,076) Monthly Change 7.210 Ending Surplus / (Deficit) (1,914,253)(2,496,539)(2,496,539)Insurers Prior Period Surplus / (Deficit) 5,992,284 6,457,811 5,992,284 Assessment 3,297,466 3.297.466 6.594.932 Less Cost 2,808,078 5,640,017 2,831,939 Premium Subsidy Underpayment Adj. 954.915 Monthly Change 465.527 489.388 Ending Surplus / (Deficit) 6,457,811 6,947,199 6,947,199 Unfunded Deductible and Coinsurance Subsidy Prior Period Surplus / (Deficit) (84,222)Monthly Change (84,222)(108,067)815,833 (192,289) Ending Surplus / (Deficit) (84,222)815,833 Total HIRSP Retained Earnings 25,386,194 26,998,357 28,006,479

WISCONSIN HEALTH INSURANCE RISK SHARING PLAN MONTHLY PROVIDER CONTRIBUTION REPORT **AS OF AUGUST 2006 MONTH END (8/29/2006)**

Provider Share Calculation for the Current Month - Claims by Claim Type

1 Tovider Share Calculation for the C	Guirent Month - Cit	anns by Claim i	ype		
Regular Claims				Less HIRSP	
		U&C	Usual and	Allowed	Provider
Claim Type	Billed Charges	Percentage	Customary	Charges	Share
Professional	\$ 8,692,454.67	28.5%	\$ 6,215,105.09	\$ 3,892,868.57	\$ 2,322,236.52
Hospital Outpatient	\$ 4,591,483.64	28.5%	\$ 3,282,910.80	\$ 3,007,888.93	\$ 275,021.87
Hospital Inpatient	\$ 6,309,115.13	28.5%	\$ 4,511,017.32	\$ 4,045,261.42	\$ 465,755.90
Nursing Home	\$ 21,485.72	28.5%		\$ 19,393.26	. , ,
Other	\$ 737,482.79	28.5%	\$ 527,300.19	\$ 310,058.36	\$ 217,241.83
Total	\$ 20,352,021.95		\$ 14,551,695.69	\$ 11,275,470.54	\$ 3,276,225.15
Cross surve Claims	Medicare	ī		HIRSP	
Crossover Claims	Allowed	Medicare	HIRSP		Provider
Claim Type		Paid	Paid	Deductible/	
Claim Type Professional	Charges \$ 588,983.14			Coinsurance	Share
		\$ 423,504.24	\$ 125,249.73	\$ 21,074.94	
Hospital Outpatient	\$ 601,384.56	\$ 483,327.68	\$ 115,782.32	\$ 10,209.50	, ,
Hospital Inpatient	\$ 478,537.46	\$ 433,403.88	\$ 44,191.34	\$ 195.91	\$ 746.33
Nursing Home	\$ 54,356.07	\$ 38,674.82	\$ 15,033.25	\$ -	\$ 648.00
Other	\$ 140,060.50	\$ 95,843.59	\$ 38,641.65	\$ 2,986.84	
Total	\$ 1,863,321.73	\$ 1,474,754.21	\$ 338,898.29	\$ 34,467.19	\$ 15,202.04
Provider Contribution on the Increase(Decrease) in Unpaid Losse	<u> </u>				\$ (1,065,635.00)
Tatal Basislan Contillation New Phones and					L & 0.005 700 40
Total Provider Contribution Non-Pharmacy					\$ 2,225,792.19
Pharmacy Claims				Less HIRSP	
		U&C	Usual and	Allowed	Provider
Claim Type	Billed Charges	Percentage	Customary	Charges	Share
Prescription Drug	\$ -	0.0%	,	Ŭ	\$ -
not processed by PBM					
Prescription Drug	\$ 6,173,901.26	0.0%	\$ 4,167,801.14	\$ 4,167,801.14	\$ -
processed by PBM	, ., .,	21070	, , , , , , , , , , , ,	. , - ,	
Total Provider Contribution Pharmacy	\$ 6,173,901.26		\$ 4,167,801.14	\$ 4,167,801.14	\$ -

Monthly Applicant Activity For August 2006

July 176	
August 394	
August 12	
August 108	
August 135	
August 315	
5	
5	
0	
overage 0	
0	
2	
nce 0	
0	
0	
12	
11	
received 96	
received 1	
108	
	August 394 August 12 August 108 August 135 August 315

Monthly Applicant Activity August, 2006

A.	Me	dicare Eligible	1
B.	HIV	-	5
C.	Elig	gible Individual	172
D.	_	ter of Medical Eligibility	137
		Letter of Rejection By:	
		American Family	17
		American Medical Security Group	8
		American Republic	2
		Assurant Health	26
		Atrium Health Plan	1
		Blue Cross & Blue Shield United of Wisconsin	61
		Celtic Life Insurance Company	1
		Continental General Insurance Company	2
		Dean Health Plan	9
		Golden Rule Insurance Company	14
		Humana Insurance Company	30
		Insurers Administrative Corporation	2
		John Alden Life Insurance	1
		Mega Life and Health Insurance	8
		Mid-West National Life Insurance Company of	4
		Pekin Life Insurance	4
		Physicians Plus Insurance	4
		Security Health Plan	11
		Trustmark	2
		United HealthCare Insurance	3
		Wisconsin Physicians Service Insurance	42
	2.	Notice of Benefit Reduction	7
	3.	Notice of Premium increase due to a Health Reason	3

Total 315

			Res	tated Mont	hly Enroll	ment Thro	ugh Augus	st 2006 Mo	nth End				
	Tot	tal Subsidy				Total Non-S	Subsidy			Combined Total			
	Plan 1A	Plan 2	Total	Ī	Plan 1A	Plan 1B	Plan 2	Total		Plan 1A	Plan 1B	Plan 2	Total
September-05	2,744	697	3,441		4,959	9,619	963	15,541		7,703	9,619	1,660	18,982
October-05	2,794	686	3,480		4,844	9,592	927	15,363		7,638	9,592	1,613	18,843
November-05	2,795	678	3,473		4,843	9,648	907	15,398		7,638	9,648	1,585	18,871
December-05	2,814	670	3,484		4,828	9,706	894	15,428		7,642	9,706	1,564	18,912
January-06	2,817	634	3,451	-	4,369	10,128	812	15,309		7,186	10,128	1,446	18,760
February-06	2,806	618	3,424		4,385	10,196	783	15,364		7,191	10,196	1,401	18,788
March-06	2,822	600	3,422		4,393	10,298	757	15,448		7,215	10,298	1,357	18,870
April-06	2,817	569	3,386		4,360	10,288	713	15,361		7,177	10,288	1,282	18,747
May-06	2,795	528	3,323		4,335	10,328	661	15,324		7,130	10,328	1,189	18,647
June-06	2,798	512	3,310	}	4,333	10,381	645	15,359		7,131	10,381	1,157	18,669
July-06	2,693	417	3,110	}	4,375	10,343	589	15,307		7,068	10,343	1,006	18,417
August-06	2,695	419	3,114		4,296	10,293	586	15,175		6,991	10,293	1,005	18,289

	De	tail of Total Subsidy	Policies in Force as	of August 2006 Mont	th End		
	Level 0	Level 1	Level 2	Level 3	Level 4	Level 5	Total
September-05	15,541	433	475	650	1,393	490	18,982
October-05	15,363	430	479	651	1,429	491	18,843
November-05	15,398	422	480	649	1,434	488	18,871
December-05	15,428	425	475	657	1,442	485	18,912
January-06	15,309	406	459	666	1,473	447	18,760
February-06	15,364	397	456	656	1,476	439	18,788
March-06	15,448	393	451	654	1,489	435	18,870
April-06	15,361	387	439	649	1,486	425	18,747
May-06	15,324	373	426	636	1,467	421	18,647
June-06	15,359	370	427	627	1,470	416	18,669
July-06	15,307	411	411	539	1,316	433	18,417
August-06	15,175	413	409	531	1,323	438	18,289

Level 0 = Income > \$25,000

Level 1 = Income \$17,000-\$19,999

Level 2 = Income \$14,000-\$16,999

Level 3 = Income \$10,000-\$13,999

Level 4 = Income < or equal to \$9,999

Level 5 = Income \$20,000-\$24,999

Total Policies in Force by Plan, Gender and Age Group as of August 2006 Month End

Male

Number of Plan Gender Age Group Policyholders 1A Male 0-24 258 1A 25-29 Male 1A Male 30-34 161 1A Male 35-39 240 1A Male 40-44 361 45-49 1A Male 473 1A Male 50-54 470 1A Male 55-59 421 360 60-64 1A Male 1A Male 65+ 8 Total 3,165

			Number of
Plan	Gender	Age Group	Policyholders
1B	Male	0-24	330
1B	Male	25-29	87
1B	Male	30-34	80
1B	Male	35-39	181
1B	Male	40-44	318
1B	Male	45-49	531
1B	Male	50-54	753
1B	Male	55-59	977
1B	Male	60-64	1,381
1B	Male	65+	12
		Total	4,650

			Number of
Plan	Gender	Age Group	Policyholders
2	Male	0-24	1
2	Male	25-29	10
2	Male	30-34	8
2	Male	35-39	19
2	Male	40-44	51
2	Male	45-49	58
2	Male	50-54	81
2	Male	55-59	68
2	Male	60-64	52
2	Male	65+	58
		Total	406

			Number of
Plan	Gender	Age Group	Policyholders
1A	Female	0-24	359
1A	Female	25-29	229
1A	Female	30-34	206
1A	Female	35-39	214
1A	Female	40-44	296
1A	Female	45-49	412
1A	Female	50-54	514
1A	Female	55-59	705
1A	Female	60-64	878
1A	Female	65+	13
		Total	3,826

			Number of
Plan	Gender	Age Group	Policyholders
1B	Female	0-24	230
1B	Female	25-29	68
1B	Female	30-34	88
1B	Female	35-39	175
1B	Female	40-44	308
1B	Female	45-49	521
1B	Female	50-54	759
1B	Female	55-59	1,299
1B	Female	60-64	2,182
1B	Female	65+	13
		Total	5,643

			Number of
Plan	Gender	Age Group	Policyholders
2	Female	0-24	2
2	Female	25-29	2
2	Female	30-34	10
2	Female	35-39	18
2	Female	40-44	29
2	Female	45-49	75
2	Female	50-54	82
2	Female	55-59	108
2	Female	60-64	91
2	Female	65+	182
		Total	599

Total Policies in Force by Plan, Gender, Zone and Age Group as of August 2006 Month End

Male

				Number of
Plan	Zone	Gender	Age Group	Policyholders
1A	1	Male	0-24	26
1A	1	Male	25-29	20
1A	1	Male	30-34	14
1A	1	Male	35-39	25
1A	1	Male	40-44	38
1A	1	Male	45-49	42
1A	1	Male	50-54	40
1A	1	Male	55-59	34
1A	1	Male	60-64	27
1A	1	Male	65+	0
			Total	266

				Number of
Plan	Zone	Gender	Age Group	Policyholders
1A	2	Male	0-24	120
1A	2	Male	25-29	91
1A	2	Male	30-34	55
1A	2	Male	35-39	83
1A	2	Male	40-44	95
1A	2	Male	45-49	134
1A	2	Male	50-54	127
1A	2	Male	55-59	120
1A	2	Male	60-64	85
1A	2	Male	65+	3
			Total	913

				Number of
Plan	Zone	Gender	Age Group	Policyholders
1A	3	Male	0-24	267
1A	3	Male	25-29	147
1A	3	Male	30-34	92
1A	3	Male	35-39	132
1A	3	Male	40-44	228
1A	3	Male	45-49	297
1A	3	Male	50-54	303
1A	3	Male	55-59	267
1A	3	Male	60-64	248
1A	3	Male	65+	5
			Total	1,986

				Number of
Plan	Zone	Gender	Age Group	Policyholders
1A	1	Female	0-24	24
1A	1	Female	25-29	19
1A	1	Female	30-34	26
1A	1	Female	35-39	12
1A	1	Female	40-44	24
1A	1	Female	45-49	28
1A	1	Female	50-54	41
1A	1	Female	55-59	59
1A	1	Female	60-64	75
1A	1	Female	65+	2
			Total	310

				Number of
Plan	Zone	Gender	Age Group	Policyholders
1A	2	Female	0-24	118
1A	2	Female	25-29	84
1A	2	Female	30-34	64
1A	2	Female	35-39	84
1A	2	Female	40-44	95
1A	2	Female	45-49	129
1A	2	Female	50-54	145
1A	2	Female	55-59	185
1A	2	Female	60-64	244
1A	2	Female	65+	5
			Total	1,153

				Number of
Plan	Zone	Gender	Age Group	Policyholders
1A	3	Female	0-24	217
1A	3	Female	25-29	126
1A	3	Female	30-34	116
1A	3	Female	35-39	118
1A	3	Female	40-44	177
1A	3	Female	45-49	255
1A	3	Female	50-54	328
1A	3	Female	55-59	461
1A	3	Female	60-64	559
1A	3	Female	65+	6
			Total	2,363

Total Policies in Force by Plan, Gender, Zone and Age Group as of August 2006 Month End

Male

				Number of
Plan	Zone	Gender	Age Group	Policyholders
1B	1	Male	0-24	26
1B	1	Male	25-29	9
1B	1	Male	30-34	12
1B	1	Male	35-39	13
1B	1	Male	40-44	28
1B	1	Male	45-49	33
1B	1	Male	50-54	50
1B	1	Male	55-59	60
1B	1	Male	60-64	71
1B	1	Male	65+	1
			Total	303

				Number of
Plan	Zone	Gender	Age Group	Policyholders
1B	2	Male	0-24	111
1B	2	Male	25-29	23
1B	2	Male	30-34	30
1B	2	Male	35-39	57
1B	2	Male	40-44	87
1B	2	Male	45-49	159
1B	2	Male	50-54	226
1B	2	Male	55-59	262
1B	2	Male	60-64	391
1B	2	Male	65+	4
		•	Total	1,350

				Number of
Plan	Zone	Gender	Age Group	Policyholders
1B	3	Male	0-24	193
1B	3	Male	25-29	55
1B	3	Male	30-34	38
1B	3	Male	35-39	111
1B	3	Male	40-44	203
1B	3	Male	45-49	339
1B	3	Male	50-54	477
1B	3	Male	55-59	655
1B	3	Male	60-64	919
1B	3	Male	65+	7
			Total	2,997

				Number of
Plan	Zone	Gender	Age Group	Policyholders
1B	1	Female	0-24	16
1B	1	Female	25-29	7
1B	1	Female	30-34	8
1B	1	Female	35-39	10
1B	1	Female	40-44	19
1B	1	Female	45-49	34
1B	1	Female	50-54	40
1B	1	Female	55-59	80
1B	1	Female	60-64	117
1B	1	Female	65+	0
			Total	331

				Number of
Plan	Zone	Gender	Age Group	Policyholders
1B	2	Female	0-24	94
1B	2	Female	25-29	26
1B	2	Female	30-34	35
1B	2	Female	35-39	60
1B	2	Female	40-44	91
1B	2	Female	45-49	168
1B	2	Female	50-54	232
1B	2	Female	55-59	400
1B	2	Female	60-64	643
1B	2	Female	65+	4
			Total	1,753

				Number of
Plan	Zone	Gender	Age Group	Policyholders
1B	3	Female	0-24	120
1B	3	Female	25-29	35
1B	3	Female	30-34	45
1B	3	Female	35-39	105
1B	3	Female	40-44	198
1B	3	Female	45-49	319
1B	3	Female	50-54	487
1B	3	Female	55-59	819
1B	3	Female	60-64	1,422
1B	3	Female	65+	9
			Total	3,559

Total Policies in Force by Plan, Gender, Zone and Age Group as of August 2006 Month End

Male

				Number of
Plan	Zone	Gender	Age Group	Policyholders
2	1	Male	0-24	0
2	1	Male	25-29	0
2	1	Male	30-34	0
2	1	Male	35-39	6
2	1	Male	40-44	9
2	1	Male	45-49	8
2	1	Male	50-54	10
2	1	Male	55-59	7
2	1	Male	60-64	7
2	1	Male	65+	5
			Total	52

				Number of
Plan	Zone	Gender	Age Group	Policyholders
2	2	Male	0-24	1
2	2	Male	25-29	2
2	2	Male	30-34	5
2	2	Male	35-39	7
2	2	Male	40-44	16
2	2	Male	45-49	18
2	2	Male	50-54	25
2	2	Male	55-59	18
2	2	Male	60-64	17
2	2	Male	65+	14
			Total	123

				Number of
Plan	Zone	Gender	Age Group	Policyholders
2	3	Male	0-24	0
2	3	Male	25-29	8
2	3	Male	30-34	3
2	3	Male	35-39	6
2	3	Male	40-44	26
2	3	Male	45-49	32
2	3	Male	50-54	46
2	3	Male	55-59	43
2	3	Male	60-64	28
2	3	Male	65+	39
			Total	231

				Number of
Plan	Zone	Gender	Age Group	Policyholders
2	1	Female	0-24	1
2	1	Female	25-29	0
2	1	Female	30-34	3
2	1	Female	35-39	1
2	1	Female	40-44	3
2	1	Female	45-49	8
2	1	Female	50-54	11
2	1	Female	55-59	9
2	1	Female	60-64	7
2	1	Female	65+	16
			Total	59

				Number of
Plan	Zone	Gender	Age Group	Policyholders
2	2	Female	0-24	1
2	2	Female	25-29	1
2	2	Female	30-34	4
2	2	Female	35-39	8
2	2	Female	40-44	8
2	2	Female	45-49	27
2	2	Female	50-54	26
2	2	Female	55-59	39
2	2	Female	60-64	31
2	2	Female	65+	56
			Total	201

				Number of
Plan	Zone	Gender	Age Group	Policyholders
2	3	Female	0-24	0
2	3	Female	25-29	1
2	3	Female	30-34	3
2	3	Female	35-39	9
2	3	Female	40-44	18
2	3	Female	45-49	40
2	3	Female	50-54	45
2	3	Female	55-59	60
2	3	Female	60-64	53
2	3	Female	65+	110
	•	•	Total	339

Total Subsidy/Non-Subsidy as of August 2006 Month End

		Number of
Plan		Policyholders
1A	Non-subsidized	4,296
1A	Subsidized	2,695
1B	Non-subsidized	10,293
2	Non-subsidized	586
2	Subsidized	419
Total		18,289

Total Subsidy by Level

Subsidy Level	Number of Policyholders
Level 0	15,175
Level 1	413
Level 2	409
Level 3	531
Level 4	1,323
Level 5	438
Total	18,289

	Number of
	Policyholders
Plan 1A, Zone 1, Non-Subsidized	313
Plan 1A, Zone 1, Subsidized	263
Plan 1A, Zone 2, Non-Subsidized	1,273
Plan 1A, Zone 2, Subsidized	793
Plan 1A, Zone 3, Non-Subsidized	2,710
Plan 1A, Zone 3, Subsidized	1,639
Plan 1B, Zone 1, Non-Subsidized	634
Plan 1B, Zone 2, Non-Subsidized	3,103
Plan 1B, Zone 3, Non-Subsidized	6,556
Plan 2, Zone 1, Non-Subsidized	56
Plan 2, Zone 1, Subsidized	55
Plan 2, Zone 2, Non-Subsidized	188
Plan 2, Zone 2, Subsidized	136
Plan 2, Zone 3, Non-Subsidized	342
Plan 2, Zone 3, Subsidized	228
Total	18,289

Wisconsin Health Insurance Risk Sharing

Plan

Monthly Service Report For: August, 2006

Customer Service/Policyholder Services

Week Ending	Calls Offered	Calls Handled	# Abandoned	% Abandoned	Average Wait (ASA)*	Longest Wait	Average Talk	Service Level**
· ·		0.040	20	4.000/		00.05.00	00-04-04	07.000/
8/4/2006	2,268	2,246	22	1.00%	00:00:22	00:05:20	00:04:01	97.00%
8/11/2006	2,205	2,183	22	1.00%	00:00:17	00:03:26	00:04:07	98.40%
8/18/2006	2,023	2,008	15	0.70%	00:00:19	00:03:34	00:04:11	97.30%
8/25/2006	2,246	2,226	20	0.90%	00:00:18	00:03:47	00:04:02	97.60%
Historical								
09-2005	12,065	11,943	122	1 .0 %	00:00:20	00:05:26	00:03:54	96.00%
10-2005	11,118	10,962	156	1 .4 %	00:00:26	00:09:09	00:04:03	94.00%
11-2005	10,695	10,530	165	1 .5 %	00:00:24	00:05:39	00:03:53	95.00%
12-2005	10,808	10,697	111	1 .0 %	00:00:25	00:05:52	00:03:55	96.00%
01-2006	11,802	11,654	148	1 .3 %	00:00:23	00:06:36	00:03:46	96.00%
02-2006	10,166	10,066	100	1 .0 %	00:00:22	00:08:09	00:03:48	96.00%
03-2006	13,146	13,013	133	1 .0 %	00:00:24	00:05:42	00:04:10	96.00%
04-2006	12,220	12,083	137	1 .1 %	00:00:25	00:05:29	00:04:07	95.00%
05-2006	12,264	12,083	181	1.5 %	00:00:25	00:06:56	00:04:14	94.00%
06-2006	10,623	10,490	133	1.3 %	00:00:29	00:08:15	00:04:07	95.00%
07-2006	9,559	9,456	103	1.1 %	00:00:25	00:05:45	00:03:55	96.00%
08-2006	10,067	9,977	90	0.9 %	00:00:18	00:03:47	00:04:06	98.00%
Medical Affa	irs Teleph	one						
8/4/2006	168	165	3	1.80%	00:00:17	00:03:00	00:03:18	96.60%
8/11/2006	174	173	1	0.60%	00:00:21	00:04:48	00:02:57	97.10%
8/18/2006	131	126	5	3.80%	00:00:42	00:04:44	00:02:50	91.70%
8/25/2006	116	114	2	1.70%	00:00:34	00:05:15	00:02:46	91.20%
PBM Telepl	hone Resu	lts						
8/4/2006	187	187	0	0.00%	00:00:01	00:00:41	00:04:13	99.00%
8/11/2006	181	181	0	0.00%	00:00:02	00:01:04	00:04:27	99.00%
8/18/2006	184	184	0	0.00%	00:00:01	00:00:31	00:04:00	99.00%
8/25/2006	165	165	0	0.00%	00:00:00	00:00:36	00:03:43	99.40%
All Time Forme	te are hh·mm	ec Historical	State prior to Apr	il 1 2005 have all	heen converted to th	e new format		

All Time Formats are hh:mm:ss Historical Stats prior to April 1, 2005 have all been converted to the new format.

Most Commonly Asked Questions to Customer Service/ Policyholder Services

What is the status of my application?

What is my premium?

What is the status of my claim?

Open Written Correspondence

Department	Beginning Inventory	Received	Completed	1 to 2 Days	3 to 5 Days	6+ Days	Ending Inventory
CUSTOMER SERVICE	11	78	78	0	0	6	11
MEDICAL AFFAIRS	0	0	0	0	0	0	0
POLICYHOLDER SERVICE	S* 10	89	88	11	0	0	11

^{*} Supplemental application documentation is no longer counted as

First Call Resolution

Number of Calls Handled First Call Resolved Percent of Calls 8,534 8,505 99.66%

Telephone and Written

Number of Days	Number of Inquires	Number Closed	Percentage
5	1834	1807	98.53%
2	1834	1761	96.02%

^{*} ASA = Average Speed of Answer

^{**} Service Level = Calls handled within 120 seconds divided by the number of calls offered.

^{***} Monthly totals are based on actual month end which is the last day of the month.

CLAIMS THAT HAVE FINALIZED TO PAYMENT OR DENIAL AS OF AUGUST 2006 MONTH END (8/29/2006)

	Aug 2005	Sep 2005	Oct 2005	Nov 2005	Dec 2005	Jan 2006	Feb 2006	Mar 2006	Apr 2006	May 2006	June 2006	July 2006	August 2006
		# of Claims											
Plan 1A											1		
Pharmacy	29,298	28,184	27,435	29,461	30,034	28,032	24,686	30,540	24,944	27,890	28,648	26,248	29,291
Inpatient Hospital	282	210	182	235	173	278		220	188	228		170	
Inpatient Hospital Crossovers	5	2	3	1	1	8		5	\$6.00	6		. 3	10
Outpatient Hospital	Book Balan	2,221	2,212	2,321	2,003	2,676		2,083	1,876	2,121	1,867	1,846	
Outpatient Hospital Crossovers	16	8	16	15		22	8	27	16	22			
Physician	14,485	12,807	11,605	13,465		13,551	10,140	12,163	10,132	11,868	_	9,352	
Physician Crossovers	110	80	80	80		103	49	163	174	134		105	
Nursing Home	35	22	22	15		5		9	5	14		6	
Nursing Home Crossovers	0	0	0	0		0		1	1	2	2	1	2
Miscellaneous	2,715	2,450	1,944	2,193	1,879	2,689	1,990	2,306	1,802	2,122	1,856	1,657	2,387
Miscellaneous Crossovers	37	49	6	26	15	10	10	394	416	19		23	
Total Plan 1A	49,707	46,033	43,505	47,812	45,719	47,374	39,002	47,540	39,146	44,426	43,200	39,435	47,375
Plan 1B	· · · · · · · · · · · · · · · · · · ·	,	,	· · · · · · · · · · · · · · · · · · ·				· · · · · ·		· · · · · ·	· · · · · ·	· · · · · ·	
Pharmacy	25,910	25,090	24,370	26,359	26,799	27,321	24,639	31,378	26,070	28,816	30,576	27,501	31,329
Inpatient Hospital	240	183	158	166	140	198	127	172	112	181	141	178	221
Inpatient Hospital Crossovers	2	2	2	3	0	2	0	1	0	1	2	. 4	. 3
Outpatient Hospital	2,165	1,750	1,750	1,831	1,674	2,207	1,665	1,768	1,651	1,971	1,669	1,662	2,118
Outpatient Hospital Crossovers	28	14	7	5	13	8	7	12	9	25	21	14	42
Physician	12,091	10,861	9,916	11,838	10,735	11,931	8,911	11,441	9,835	11,910	10,231	9,754	12,208
Physician Crossovers	65	43	25	56	43	33	17	1	1	75	59	69	148
Nursing Home	10	12	11	9	5	8	8	3	7	5	6	3	10
Nursing Home Crossovers	0	0	0	0	0	0	0	0	0	0	0	0	0
Miscellaneous	1,564	1,407	1,047	1,263	1,271	1,665	1,331	1,472	1,120	1,477	1,173	1,341	1,619
Miscellaneous Crossovers	8	8	15	8	2	4	0	2	0	10	11	22	26
Total Plan 1B	42,083	39,370	37,301	41,538	40,682	43,377	36,705	46,259	38,816	44,471	43,889	40,548	47,724
Plan 2												•	
Pharmacy	14,788	14,046	13,246	13,909	14,479	12,672	10,614	13,964	10,597	10,395	10,618	8,055	8,208
Inpatient Hospital	11	8	2	6		10		64	45	27			
Inpatient Hospital Crossovers	112	81	68	79		75		109	88	100			
Outpatient Hospital	174	154	78	73		115	117	279	63	63			
Outpatient Hospital Crossovers	1,286	1,243	928	971	959	1,001	1,132	1,332	1,062	1,217	940		1,198
Physician	487	351	266	258	247	369	202	301	191	209		194	
Physician Crossovers	6,979	5,193	5,074	5,676	4,307	5,282	4,283	4,859	4,066	4,900		3,701	4,194
Nursing Home	9	4	2	7	7	2		5		9			
Nursing Home Crossovers	42	14	17	33		23	26	37	26	38			_
Miscellaneous	431	302	271	247	248	334	153	215	178	214			
Miscellaneous Crossovers	1,738	1,675	1,532	1,631	1,260	1,434	975	1,285	1,059	1,228			, -
Total Plan 2	26,057	23,071	21,484	22,890	21,684	21,317	17,595	22,450	17,378	18,400	16,800	14,125	15,650
Total		1								T			T
Pharmacy	69,996	67,320	65,051	69,729		68,025		75,882	61,611	67,101		61,804	
Inpatient Hospital	533	401	342	407	326	486		456		436			
Inpatient Hospital Crossovers	119	85	73	83		85		115		107			
Outpatient Hospital	5,063	4,125	4,040	4,225		4,998	3,706	4,130	3,590	4,155		3,562	4,617
Outpatient Hospital Crossovers	1,330	1,265	951	991	1,004	1,031	1,147	1,371	1,087	1,264			1,286
Physician Cross and Cross	27,063	24,019	21,787	25,561	22,497	25,851	19,253	23,905	20,158	23,987	20,763	19,300	
Physician Crossovers	7,154	5,316	5,179	5,812	4,410	5,418		5,032	4,252	5,109		3,875	
Nursing Home	54	38	35	31	19	15		17	15	28			
Nursing Home Crossovers	42	14	17	33		23		38		40	_		
Miscellaneous	4,710	4,159	3,262	3,703		4,688		3,993	3,100	3,813			
Miscellaneous Crossovers	1,783	1,732	1,553	1,665	1,277	1,448	985	1,310	1,061	1,257	997	990	, -
Total	117,847	108,474	102,290	112,240	108,085	112,068	93,302	116,249	95,340	107,297	103,889	94,108	110,749

AVERAGE CLAIMS PROCESSING DAYS AS OF August 2006 MONTH END (8/29/2006)

	Aug 2005	Sep 2005	Oct 2005	Nov 2005	Dec 2005	Jan 2006	Feb 2006	Mar 2006	Apr 2006	May 2006	June 2006	July 2006	August 2006
						# of Claims			•	,			
Plan 1A	riio Dayo	<i>"</i> 0. 0.a0	<i>n</i> 0. 0.a	<i></i> 0. 0.a0	o. o.a	0. 0.0	<i></i> 0. 0.a	, , o. o.a	<i></i> 0. 0. 0. 1. 1. 10	" or oranino	" or oranine	,	1 0. 0
Inpatient Hospital	19.50	18.77	7.28	13.04	17.61	7.39	14.06	8.50	7.88	8.11	9.72	18.04	12.27
Inpatient Hospital Crossovers	11.50	0.00	25.00	7.00	6.00		9.00	8.00	8.16		13.50		
Outpatient Hospital	6.41	3.31	2.53	2.40	2.91	3.76	3.56	3.08	2.45	2.92	3.54	1	3.43
Outpatient Hospital Crossovers	Book Balan	11.28	6.18	6.13	7.21	7.88	7.50	6.74	6.66		6.04		
Professional	7.19	4.54	3.35	3.12	3.77	4.24	4.50	3.89	3.55		4.01		3.70
Professional Crossovers	13.76	8.15	7.22	5.17	7.22	7.31	6.09	4.53	5.91	4.99	4.36	6.05	5.15
Nursing Home	19.00	15.80	9.00	15.72	10.00	2.00	11.37	9.33	9.66	6.53	7.93	10.40	9.14
Nursing Home Crossovers	0.00	0.00	0.00	0.00	0.00	0.00	0.00	12.00	10.00	6.50	9.00	11.00	14.00
Miscellaneous	12.51	8.12	5.69	5.17	6.17	7.26	7.82	6.61	6.23	5.97	7.39	8.22	6.47
Miscellaneous Crossovers	29.16	8.07	8.80	9.23	10.40	8.70	10.80	6.10	5.50	4.80	5.77	7.40	6.57
Average for the Month for Plan 1A	7.94	4.92	3.53	3.31	3.98	4.60	4.73	4.17	3.76	3.82	4.35	4.93	4.04
Plan 1B	,					•		•	•	•	•	•	,
Inpatient Hospital	19.78	21.26	9.97	9.08	18.44	13.68	8.07	6.67	9.00	8.65	12.47	9.84	10.11
Inpatient Hospital Crossovers	10.00	14.00	11.00	5.50	0.00	4.00	0.00	0.00	0.00	11.00	14.50	8.66	10.66
Outpatient Hospital	6.32	3.16	2.45	2.25	2.76	3.59	3.53	2.80	2.32	2.70	3.27	3.79	3.33
Outpatient Hospital Crossovers	15.25	10.14	6.66	4.80	9.70	5.50	8.33	6.88	4.00	5.23	6.35	8.83	6.83
Professional	6.89	4.32	3.09	2.99	3.58	4.02	4.22	3.45	3.23	3.38	3.74	4.19	3.47
Professional Crossovers	15.42	9.30	6.39	6.93	5.50	6.75	6.50	6.10	5.27	3.56	3.98	6.18	4.81
Nursing Home	10.66	12.20	7.00	7.50	4.00	10.62	9.00	12.66	14.20	7.00	8.80	13.00	12.33
Nursing Home Crossovers	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00
Miscellaneous	12.51	7.84	5.28	5.01	6.05	7.29	7.63	6.15	6.23	5.91	7.81	8.66	6.71
Miscellaneous Crossovers	12.14	9.80	5.16	3.62	1.00	7.25	0.00	9.00	0.00	7.50	5.18	9.57	6.65
Average for the Month for Plan 1B	7.48	4.59	3.21	3.06	3.74	4.29	4.41	3.62	3.36	3.54	4.03	4.61	3.80
Plan 2													
Inpatient Hospital	15.00	13.33	0.00	0.00	10.00	10.25	7.54	7.40					
Inpatient Hospital Crossovers	15.52	10.25	8.04	6.50	14.50	9.28	14.10	8.03	7.64		10.50	11.62	
Outpatient Hospital	11.52	7.58	7.00	8.60	7.03		8.42	4.39	7.27				
Outpatient Hospital Crossovers	13.24	9.21	5.44	5.54	8.27	7.52	5.51	4.43	3.84		4.60	1	
Professional	12.91	8.24	5.72	5.50	6.87	7.00	7.33	5.06	7.10		8.89		
Professional Crossovers	8.47	6.05	3.87	3.47	4.41	5.42	4.16		3.47	3.47	4.13		
Nursing Home	12.60	16.66	14.00	5.25	8.25	7.50	7.00	7.80	10.00		9.63	8.00	9.00
Nursing Home Crossovers	18.89	11.60	7.50	6.12	9.14		12.00	8.75	7.00		10.90		
Miscellaneous	12.62	9.75	6.54	6.19	8.37	7.49	8.62	8.73	8.47	9.73	10.00		
Miscellaneous Crossovers	11.50	7.70	6.02	4.90	6.52		7.63	5.61	4.89		6.67		6.73
Average for the Month for Plan 2	9.90	7.01	4.61	4.11	5.58	6.27	5.16	4.33	3.95	4.26	4.89	6.24	4.98
Total				1						1	1		
Inpatient Hospital	19.50	19.66	8.81	11.62	17.53	9.92	10.59	7.83	7.78		10.63	1	
Inpatient Hospital Crossovers	15.31	10.34	8.60	6.48	14.36	10.81	14.02	8.03	7.69		10.76	l .	
Outpatient Hospital	6.48	3.28	2.54	2.38	2.91	3.71	3.64	3.01	2.43		3.44		
Outpatient Hospital Crossovers	13.27	9.23	5.46	5.55	8.25		5.54	4.49	3.88		4.67	5.99	
Professional	7.14	4.48	3.25	3.08	3.70		4.39	3.69	3.41	3.50	3.90	1	
Professional Crossovers	8.60	6.10	3.92	3.51	4.44		4.19		3.58		4.14		
Nursing Home	16.07	14.94	8.81	12.29	7.22	9.27	10.15	9.50	12.00		8.87	10.75	
Nursing Home Crossovers	18.89	11.60	7.50	6.12	9.14		12.00	8.86	7.12				
Miscellaneous	12.52	8.10	5.59	5.16	6.19		7.76		6.28		7.62		
Miscellaneous Crossovers	11.77	7.72	6.02	4.95	6.57	7.97	7.67	5.62	4.89		6.63		
Average for the Month	8.28	5.27	3.67	3.40	4.21	4.81	4.71	4.00	3.64	3.80	4.32	5.05	4.10

WISCONSIN HEALTH INSURANCE RISK SHARING PLAN HIRSP CLAIMS INVENTORY AS OF August 2006 MONTH END (8/29/2006)

February	August 200	July 2006	June 2006	May 2006	Apr 2006	Mar 2006	Feb 2006	Jan 2006	Dec 2005	Nov 2005	Oct 2005	Sep 2005	Aug 2005	Pended Claims Data
Pirot to Entry														Perided Claims Data
Total 873 271 339 280 280 281 208 544 226 228 100 301 280 280 281 208 544 226 228 100 301 280 280 281 208 545 228 281 208 281	S # OI CIAIITIS	# 01 Claims	# 01 Claims	# Of Claims	# 01 Claims	Briar to Entry								
Pre-System Suspend	241 22	204	100	1 220	220	F 4.4	200	204	200	200	220	074	070	
Final 1	01 23	301	190	228	226	544	298	281	200	289	339	2/1	8/3	
Final 18									=00			470	4 000	
Plan 2														
Total Over 30 Days Old 6 6 0 1 1 0 0 0 3 5 52 44 8 0 0 3 1 7777 1,716 1,736 1,398 1,398 1,330 1,398 1,330 1,398 1,330 1,398 1,330 1,398 1,330 1,398 1,330 1,398 1,330 1,398 1,330 1,398 1,330 1,398 1,330 1,398 1,330 1,398 1,330 1,398 1,330 1,398 1,330 1,398 1,330 1,398 1,			_											
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System Pended Pain 1.5 Pain		785							1,370		1,386			
Pina 1A	1	1	3	0	. 8	44	52	35	9	0	1	0	6	Total Over 30 Days Old
Inpatient Hospital 54														System Pended
Impatient Hospital Crossovers														Plan 1A
Cutpatient Hospital Crossowers	57 3	57	48	52	61	66	50	49	79	60	53	63	54	Inpatient Hospital
Curpotestion Hospital Crossovers	2	2	1	1	0	0	2	5	3	0	1	1	0	Inpatient Hospital Crossovers
Cutpatient Hospital Crossovers	38 4	138	157	124	118	40	130	52	95	94	95	151	144	Outpatient Hospital
Professional Crossovers	1 1	1	2 1	2	0	1	2	53	0	0	0	3	1	Outpatient Hospital Crossovers
Professional Crossovers	02 38	602	924	616	700	525	876	638	815	631	804	1,262	1.302	
Nursing Home	4 1	4	10	13	15			4	1		5	10	7	Professional Crossovers
Nursing Home Crossovers 0 0 0 0 0 0 0 0 0	0												11	
Miscellaneous Crossovers	0					_			•					Ü
Miscellaneous Crossovers 0 0 3 1 2 1 4 1 1 4 2 1 1 1 4 2 1 1 1 1 4 2 1 1 1 1 1 4 2 1 1 1 1 1 4 2 1 1 1 1 1 1 4 2 1 1 1 1 1 1 1 1 1				_			,	-	-					-
Total Over 30 Days Old					239	180			209	199				
Total Over 30 Days Old					1 4 400	040			4 004	7	J		•	
Plan 18														
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Inpatient Hospital Crossovers														
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Dutpatient Hospital Crossovers 0 2 0 0 0 42 1 0 2 6 2 5 5	0													
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Professional Crossovers	8				_		1		U					
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Nursing Home Crossovers	2	2	3	. 6	4	1	1	3	5	0	6	13	7	Professional Crossovers
Miscellaneous	3	3	1	0	0	1	1	2	0	0	2	5	6	Nursing Home
Miscellaneous Crossovers	0	0	0	0	0	0	0	0	0	0	0	0	0	Nursing Home Crossovers
Total Plan 1B	22 12	222	268	147	172	97	165	161	170	141	106	107	146	Miscellaneous
Total Over 30 Days Old 386 395 234 153 95 92 113 78 117 126 81 130	0	О	3	1	0	0	1	0	0	0	0	4	1	Miscellaneous Crossovers
Total Over 30 Days Old 386 395 234 153 95 92 113 78 117 126 81 130	75 69	1,175	1.422	904	1.161	667	1.057	909	1.007	866	916	1.334	1.341	
Pigna 2														
Inpatient Hospital								~						j
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Professional Crossovers 206 315 285 157 430 290 253 94 293 239 365 227														
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Miscellaneous 18 13 12 25 24 12 8 9 25 42 97 107 Miscellaneous Crossovers 101 119 104 137 169 85 140 48 181 115 212 73 Total Plan 2 378 528 460 389 694 551 597 269 693 523 933 571 Total Over 30 Days Old 40 43 98 6 12 403 18 9 20 13 146 11 Total Inpatient Hospital 110 124 93 103 134 89 99 98 123 105 127 126 Inpatient Hospital Crossovers 5 6 2 5 12 20 17 5 19 9 28 14 Outpatient Hospital 317 311 181 185 180 128 299<	3													
Miscellaneous Crossovers 101 119 104 137 169 85 140 48 181 115 212 73 Total Plan 2 378 528 460 389 694 551 597 269 693 523 933 571 Total Over 30 Days Old 40 43 98 6 12 403 18 9 20 13 146 11 Total Inpatient Hospital 110 124 93 103 134 89 99 98 123 105 127 126 Inpatient Hospital Crossovers 5 6 2 5 12 20 17 5 19 9 28 14 Outpatient Hospital 317 311 181 185 180 128 299 93 251 216 308 25 Outpatient Hospital Crossovers 25 51 27 56 44 21	~				_				0					Ü
Total Plan 2 378 528 460 389 694 551 597 269 693 523 933 571 Total Over 30 Days Old 40 43 98 6 12 403 18 9 20 13 146 11 Total Inpatient Hospital 110 124 93 103 134 89 99 98 123 105 127 126 Inpatient Hospital Crossovers 5 6 2 5 12 20 17 5 19 9 28 14 Outpatient Hospital 317 311 181 185 180 128 299 93 251 216 308 254 Outpatient Hospital Crossovers 25 51 27 56 44 217 80 40 137 67 93 76 Professional 2,278 2,270 1,504 1,228 1,522 1,245														
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Inpatient Hospital 110 124 93 103 134 89 99 98 123 105 127 126 Inpatient Hospital Crossovers 5 6 2 5 12 20 17 5 19 9 28 14 20 20 20 20 20 20 20 2	11	11	146	13	20	9	18	403	12	6	98	43	40	
Inpatient Hospital Crossovers 5 6 2 5 12 20 17 5 19 9 28 14														
Outpatient Hospital 317 311 181 185 180 128 299 93 251 216 308 254 Outpatient Hospital Crossovers 25 51 27 56 44 217 80 40 137 67 93 76 Professional 2,278 2,270 1,504 1,228 1,522 1,245 1,641 1,077 1,523 1,271 1,978 1,439														
Outpatient Hospital Crossovers 25 51 27 56 44 217 80 40 137 67 93 76 Professional 2,278 2,270 1,504 1,228 1,522 1,245 1,641 1,077 1,523 1,271 1,978 1,438 1,000 <td></td> <td>14</td> <td></td> <td></td> <td></td> <td>V</td> <td></td> <td></td> <td></td> <td></td> <td></td> <td></td> <td></td> <td></td>		14				V								
Professional 2,278 2,270 1,504 1,228 1,522 1,245 1,641 1,077 1,523 1,271 1,978 1,438		254												
	76 8	76	93	67		40	80		44	56	27	51		Outpatient Hospital Crossovers
		1,439	1,978	1,271	1,523	1,077	1,641	1,245	1,522	1,228	1,504	2,270	2,278	Professional
	33 12	233	378	258	312	100	256	297	436	162	296	338	220	Professional Crossovers
Nursing Home 17 11 4 4 0 6 6 3 0 1 3	3	3	3	1		3								
Nursing Home Crossovers 0 4 7 3 3 5 5 5 5 4 3	3	3	3	4		5	Ü		ŭ		7			
	10 26	510			436	286	v	-	463	_	268		•	
		84												
		2,742												
		2,742												
														·
Grand Total 7,075 5,029 4,214 4,843 4,535 4,490 5,038 3,935 4,611 3,890 4,932 3,826	2,60	3,828	4,932	3,890	4,611	3,935	5,038	4,490	4,535	4,843	4,214	5,029	7,075	Grand I otal

MEDICAL CLAIMS DENIED REPORT*
AS OF August 2006 MONTH END (8/29/2006)

Processed	Plan 1A		Plan 1B		Plan 2		1	All Plans		
Month	Paid	Denied	Paid	Denied	Paid	Denied	Paid	Denied	Total	Rate
August 2005	17,126	4,083	13,743	3,027	8,691	2,787	39,560	9,897	49,457	20.0%
September 2005	15,492	3,082	12,347	2,516	6,780	2,389	34,619	7,987	42,606	18.7%
October 2005	13,794	2,865	11,291	2,233	6,187	2,140	31,272	7,238	38,510	18.8%
November 2005	15,724	3,410	13,322	2,554	6,785	2,282	35,831	8,246	44,077	18.7%
December 2005	13,668	2,631	12,146	2,377	5,176	2,067	30,990	7,075	38,065	18.6%
January 2006	16,922	3,238	14,239	2,488	6,228	2,457	37,389	8,183	45,572	18.0%
February 2006	12,327	2,648	10,368	2,096	5,079	1,935	27,774	6,679	34,453	19.4%
March 2006	14,675	3,095	13,109	2,388	5,881	2,682	33,665	8,165	41,830	19.5%
April 2006	12,330	2,491	11,143	2,050	4,824	2,045	28,297	6,586	34,883	18.9%
May 2006	14,384	2,834	13,545	2,713	5,841	2,275	33,770	7,822	41,592	18.8%
June 2006	12,628	2,509	11,827	2,002	4,560	1,736	29,015	6,247	35,262	17.7%
July 2006	11,619	2,167	11,368	2,261	4,470	1,692	27,457	6,120	33,577	18.2%
August 2006	16,015	3,084	14,414	2,640	5,379	2,214	35,808	7,938	43,746	18.1%

^{*} Claims denied by the PBM are not included. See page 30 for claims denied by the PBM.

A claim may have some paid lines and some denied lines. Therefore, a claim that has both paid and rejected lines has been counted as a paid claim and as a denied claim. This results in more total claims being reported in this report than in the report titled Claims That Have Finalized to Payment or Denial Report.

MONTH END DENIAL REASON DETAIL

Denial		
Reason	Volume	Top 10 Reasons for Denial
18/DU	1963	DUPLICATE CLAIM/SERVICE.
23	691	CLAIM DENIED/REDUCED BECAUSE CHARGES HAVE BEEN PAID BY ANOTHER PAYER AS PART OF COORDINATION OF BENEFITS.
51	659	THIS IS A PREEXISTING CONDITION. MEDICAL RECORDS OBTAINED FROM YOUR PROVIDER HAVE IDENTIFIED A PRE-EXISTING CONDITION.
49	643	NONCOVERED SERVICES BECAUSE THIS A ROUTINE EXAM OR SCREENING PROCEDURE DONE IN CONJUNCTION OF A ROUTINE EXAM.
27/28	586	EXPENSE(S) INCURRED OUTSIDE COVERAGE PERIOD ARE NOT COVERED.
HW	525	SERVICES PERFORMED BY A PROVIDER WHO IS NOT MEDICAID CERTIFIED ARE NOT COVERED
EM	474	WE NEED THE MEDICARE EXPLANATION OF BENEFITS TO PROCESS THIS CHARGE.
XZ	269	WE WILL BE ABLE TO COMPLETE PROCESSING OF THIS CLAIM WHEN WE RECEIVE THE MEDICAL RECORDS WE REQUESTED.
46	245	THIS (THESE) SERVICE(S) IS (ARE) NOT COVERED.
IS	228	THIS PROCEDURE IS INCIDENTAL TO AND CONSIDERED PART OF THE PRIMARY PROCEDURE.

PHARMACY CLAIMS DENIED REPORT

As of August 2006 Month End (08/31/2006)*

Processed		% of
Month	Denied	Total
August 2005	16,907	
September 2005	15,659	
October 2005	15,723	
November 2005	15,980	
December 2005	16,712	
January 2006	16,925	
February 2006	14,413	
March 2006	15,980	
April 2006	15,351	
May 2006	16,498	19.18%
June 2006	19,041	22.45%
July 2006	20,146	24.09%
August 2006	18,738	21.60%

END OF MONTH AUGUST 2006 DENIAL REASON DETAIL

Top 10 Reasons for Denial	Volume
DUR Rejected Error-Interaction Drugs	6,317
NDC Not Covered	3,222
Plan Limitations Exceeded	2,029
Submit Bill to Other Processor or Primary Payer	1,517
Refill Too Soon	1,116
Filled After Coverage Terminated	815
Missing/Invalid Dispense as Written Code	631
Missing/Invalid Other Payer Amount	479
Duplicate Paid/Captured Claim	332
Missing/Invalid Other Coverage Code	238

^{*} Each prescription processed and denied is counted as one claim

Note the different end of month date from previous reports in this packet. This is due to these figures being taken from a production PBM report rather than from the current HIRSP plan administrator's reporting files.

Claims Accuracy Performance * August 2006

Medical

	Total		Total Claim		
	Number of	Total of Claims	Payments	Total Correct	Accuracy
Month	Claims	Payments	Reviewed	Payment	Rate
September-2005	39,905	\$7,532,770.00	\$72,997.80	\$70,504.52	98.85
October-2005	38,172	\$7,999,534.00	\$69,663.84	\$73,140.50	99.03
November-2005	37,290	\$7,067,849.37	\$41,414.03	\$41,679.24	99.79
December-2005	37,741	\$7,736,381.08	\$41,647.93	\$44,948.25	98.10
January-2006	36,247	\$7,626,348.00	\$642,842.57	\$645,818.53	99.93
February-2006	29,812	\$5,296,986.00	\$629,808.63	\$646,068.11	99.85
March-2006	38,217	\$7,347,340.42	\$720,162.45	\$725,505.45	99.64
April-2006	33,465	\$6,743,749.18	\$777,996.39	\$791,310.61	97.49
May-2006	36,030	\$7,277,291.00	\$488,868.70	\$489,104.56	97.73
June-2006	33,569	\$6,484,070.00	\$775,778.19	\$787,976.67	99.46
July-2006	32,894	\$5,955,281.63	\$475,242.60	\$475,388.34	99.93
August-2006	38,978	\$9,962,673.86	\$1,060,491.45	\$1,055,213.66	98.5

^{*} This report is prepared on a processed date basis using all dates in a calendar month versus other reports that are prepared on a schedule that uses the standard end of month processing dates. Therefore, claims data in this report will not agree with claims data on other reports.

Wisconsin Health Insurance Risk Sharing Plan

Appeals and Grievance

August, 2006

Claim Appeals

Total Claim Appeals Received	54	
Billing/Claim Processing	2	
Drug & Drug Formulary	2	
Enrollment/Eligibility Requirements	18	
Experimental Treatment	1	
Not Covered Benefit	6	
Not Medically Necessary	13	
Plan Administration	12	
Total Claims Reinstatements Closed	52	
Claim Appeals Average Number of Days		

Grievances

Grievance Committee

Drug & Drug Formulary	1
Enrollment/Eligibility Requirements	6
Not Covered Benefit	3
Not Medically Necessary	4
Plan Administration	8